

notorious that the child derives its intellect much more from the mother than the father. It is an old remark, *that a stupid mother never produces an intelligent family of children*. Look the world over, and ask who are the mothers of the eminent men, and it will be found that there are few exceptions to the rule, that the mothers are above and most of them far above mediocrity; but this law is reversed when the white man is crossed upon the negress, or Indian woman—in the offspring the brain is enlarged, the facial angle increased, and the intellect improved. Every observer in the South will tell you that the Mulattoes have more intelligence than the blacks, and we know that the leading men amongst the Indians are the mixed class.

The Mulattoes do not make good slaves, and are always leaders in insurrections.

Buffon and other naturalists assert that *in Hybrids the head resembles the father*. In the mule it resembles the ass—in the bardeau it is long, lean, with short ears like the horse. This law holds in other hybrids, and bears strongly on the question before us.

Lawrence, than whom there is no better authority, says, “the intellectual and moral character of the Europeans is deteriorated by the mixture of black or red blood; while on the other hand an infusion of white blood tends in an equal degree to improve and ennoble the qualities of the dark varieties.”

These remarks, though hastily drawn up, are the result of many years' observation; and I am satisfied that full investigation will show that they are substantially true. Every intelligent reader will see the many important bearings of this subject, and I hope it will fall into the hands of some one who has more ability and more leisure to bestow on it. If I can start the ball my object is accomplished.

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*Case of Artificial Anus.* By R. G. WHARTON, M. D., of Grand Gulf, Mississippi.

I was called in August, 1841, to see a negro child five or six days old, belonging to Mr. D. G. Humphreys, whose umbilical cord had sloughed off close to the abdomen, leaving a circular opening at least one and a half inches in diameter, penetrating through the abdominal parietes and a corresponding portion of the intestinal canal. The gut adhered firmly to the circumference of the abdominal opening, and the bowels were evacuated exclusively through this channel. I could not ascertain what was the cause of the sloughing. Its general health was good, though it suffered a good deal from occasional paroxysms of pain proceeding apparently from the irritation of the ulcerated opening. The inner surface of the exposed portion of the intestine was of a very deep red, owing probably to its exposure to the external air. I ordered simple poultices of powdered slippery elm, made with the infusion of oak bark, to be constantly applied with a tolerably firm bandage, and emollient and oily enemata several times a day, to excite the action of the lower bowels. This last means afforded great relief to the pain, and after a few days fecal matter was discharged in small quantities, per anum. The local applications were occasionally varied; and under this treatment the umbilical opening gradually contracted, so that in three or four months it had become quite small, only a small quantity of the fluid portion of the fecal matter passing through it. I then touched

it with argent. nit., which formed an eschar, and I supposed it had healed long ago, as I ordered it to be touched occasionally. At present (May, 1843), however, there still remains a small circular ulcerated surface, very red, about two lines in diameter, from which there is a slight oozing of the watery part of the contents of the intestinal canal. This circular ulcer is surrounded by a large circular cicatrix, showing the original seat, though contracted about one third of the primary opening. I ordered the application of the nit. argent., and had the child watched so as to prevent his rubbing off the eschar, which seems to be the cause of its not having closed up before now. The child is large for its age, and perfectly healthy.

*Operations for Fissure of the Soft and Hard Palate.*—There is a very interesting paper on this subject in the last No. of the *New England Quarterly Journal of Med. and Surg.* by Dr. J. MASON WARREN. The author, after briefly noticing the different forms under which the fissures of the palate may present themselves, and giving a slight sketch of the operations which have been proposed for their relief, relates the following case, which illustrates the method practised by him.

“The patient was a young man, 25 years old, with a congenital fissure of the soft and hard palate, the bones being separated quite up to the alveolar processes, with a deviation to the left side. On looking into the mouth, the whole posterior fauces were exposed, with the openings of the eustachian tubes and the bottom of the nasal cavity of the left side distinctly visible. The speech of the patient was rendered so indistinct, by this misfortune, that it was with the greatest difficulty that he could make himself understood. Deglutition had always been imperfectly performed, liquids, particularly, being swallowed with much difficulty, and often regurgitated through the nose. At the first glance the soft parts were scarcely perceptible, being almost concealed in the sides of the throat from the action of the muscles. On being seized by a forceps they could be partially drawn out, though with great resistance. So far as any of the old methods were applicable to the relief of this extensive fissure, the patient was beyond surgical aid. I determined, however, to put in practice the operation which had before appeared to me practicable.

“The patient was placed in a strong light, his mouth widely opened, and the head well supported by an assistant; with a long, double-edged knife, curved on its flat side, I now carefully dissected up the membrane covering the hard palate; pursuing the dissection quite back to the root of the alveolar processes. By this process, which was not effected without considerable difficulty, the membrane seemed gradually to unfold itself, and could be easily drawn across the very wide fissure. A narrow slip was now removed from the edges of the soft palate, and with it the two halves of the uvula. By this means a continuous flap was obtained, beginning at the roots of the teeth and extending backwards to the edges of the velum palati. Finally, six sutures were introduced, on tying of which the whole fissure was obliterated. The patient was directed to maintain the most perfect quiet, and to abstain from making the slightest efforts to swallow even the mucus which collected in the throat, which was to be carefully sponged out as occasion required.

“The following day he was doing well. He complained of some pain, or rather a sensation of excessive emptiness of the bowels, which was relieved by the use of a hot spirituous fomentation. On the third day, a slight hacking cough commenced, owing to the collection of thick ropy mucus in the throat and air-passages. The cough was temporarily relieved by an injection of a pint of oat-meal gruel into the rectum; during the night, however, it again increased so much as to tear away the upper and lower ligatures. I now allowed him to take liquid nourishment, which at once quieted the irritation of the throat. The other four ligatures were removed on the following days, the last being left until the 6th after the operation. This patient returned home